**	>Please type a	aple culq	(+) Inski	this box	-	±
		F	1.1			

PTO/SB/01: (2-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Timdemark Office; U.S. DEPARTMENT OF COMMERCE
a valid OMB control number.

DECLARATIO	N FOR	Attorney Docket Number		28,4//-A			
UTILITY OR D	DESIGN	First Named in	vento#	Christopher	Lanci		
DATEME ADD		COMPLETE IF KNOWN					
PATENT APPL	LICATION Declaration Submitted after initial Filing	Application Nutr	iber				
☑ Declaration ☐		Filing Date	·				
Submitted OR with Initial		Group Art Unit					
Filing		Examiner Name			<u></u>		
the specification of which In altached hereto OR	solo inventor (if only on ject matter which is class of R FRAMING P (Title of and was a send understand the contically referred to above, information which is materially of any PCT interns (a) of any PCT interns	HOTOGRAPHS The Invention) as Unite mended on (MM/DD/) tonts of the above identified to patentability as States Code \$119 (a)	d States Applications appointed the specification of \$365(b)	ation Number or PCT Interior, including the claims, as 37 Code of Foderal Regulation of any foreign application.	mational dicable).		
imentor's cortificate, or of any PCT i chilered. Prior Foreign Application	nternational application			foreign application for pat application on which price	ent or with is		
Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attact	7057		
			000000	םםםםםכ			
Additional foreign application number Tale	oers are listed on a supp	demontal priority data	hoot PTOmn	12ft effected beauty			
I hereby claim the benefit under Title Application Number(a)	35, United States Code	5 119(o) of any United	States amin	and conferment noroto;			
Application Number(e)	Filing Date (M)	4/00/11					
60/499,083				Additional provisional application numbers are listed on a supplemental priority data shoot PTO/SB/02B attached hereto.			

Quiden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SC/01 (3-97)

s. sign (+) inside this box

Approved for use through 9/30/36. OMB 0651-0032

Patent and Trademark Officer, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless a contains a valid OMB control number.

DECLA	RATIC)N'-	- Utility	or l	Desig	n Pat	ent.	Apı	olicati	on	
I hereby claim the ber application designating disclosed in the prior U \$112. I acknowledge it which became available	nest under Talo into United States into duty to disclo to botween the fi	35, Unite to of And PCT Information in detection of the contraction of	of States Code rica, listed below indensi applicat ation which is m of the prior appli	\$120 of a v and, inso ion in the n aterial to p ration and	rny United S for as this su- namer provid- attentability of the national o	table applications of the second seco	tion(s), or of each of of puragra Tato 37, (attornal fil	\$363(c) the clair ph of T code of ng date	of any PCT me of this appl itle 15, United Federal Flegul of this applica	International ication is not States Code ations \$1,56 ioni	
			PCT Parent Number		Parent Filing Date (WW/DD/YYYY)			Perent Patent Number (If applicable)			
					*				-		
Additional U.S. or			عبدون والمتاسوي								
As a named inventor, I and Tradomark Office o			ng registered pri Customer Numb OR) to prosecut	• this applica	tion and to		ct all business Place Cusi Number Ber	omar	
			Registered prac	thionor(s)	namo/rogistra	ntion number	fisted bel	. L	Label he		
Nan	10			Registration Name			Registration Number				
Char		286				:					
Additional registers	d practitioner(s)	nnmed o	n supplemental	Registered	Practitioner	nothemotel	thoet PTO	VS 0,402	C anached her	ota,	
Direct of correspond	lence to:		or Numbor Codo Label			OF	ΣC	огозре	ondonco add	ross bolow	
Nama Cl	arles E.	Tenk	o, Esq.								
Address	· .					· 					
Address 22	Marion	Road			· ·		·		•		
City We	estport		· · · · · · · · · · · · · · · · · · ·		State	CT	ZIP	06	06880		
Country	SA		Telephon	203-	-227-7368 Fex 203-227-5429			.9			
i heraby declars that a televed to be true; as punishebite by line or in loopardize the validity of	ed lumber that t openonment, or	hese stah both, und	oments were me ler Section 1001	ade with th .of Title 18	ie knowledge	that willful	false abat	chomo	and the Dra a	era ebam o	
Name of Sole or	First invent	or:			A potiti	ion has bed	on filod to	or this (unsignod invo	entor	
Given Name (first and middle [if any]) / Family Name or Sumame											
Chris	topher		A		Lar						
Inventor's Signature	-/-	" yr	W/M/	(m)					Date X	2/24/	
Residence: City	Syoss	et	- Dure	NY	Country	us	A	٠	Citizenship	us	
15 Patric Address 15 Patric Lane											
Post Office Address	Post Office Address Synsset										
City State		State	NY.	ZIP	117	791	Cou	antr y	USA		
Additional invente	rs are being	named o	n the suc	olem ente	Additional	Inventoris	sheotis	PTO	SB/02A attac	hed horeto	

[Pago 2 of 2]<